OMB Number 2900-0090 Estimated Average: 15 min.



Department of Veterans Affairs Application for Voluntary Service

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collect of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under the authority of 38 U.S.C. 513 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law. Possible disclosures include those described in the "routine uses" identified in the VA system of records 57VA125 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures in response to court subpoenas, to report apparent law violations to other Federal, State or Local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs. Disclosure of the Social Security Number is required, as well as, your date of birth. These numbers will be used in the identification of records within our database.

Name (Last, First, Middle Initial)	Address (Street, City, State, Zip Code)		Date					
			Date of Birth					
Telephone Number (Sex: () M () F					
Organization Membership(s) (Unit, Post, Chapter, if affiliated)	Assignment Preferences	Assignment Preferences						
	1.	2.	3.					
Experience and Training (Special Skills/Abilities)								
Restrictions or Limitations of Service (Health, Medications, Allergies, etc.)		Availability (Dates and Times)						
In Case of Emergency, Please Contact (Name, Relationship, Tel	Have you ever been Convicted of a Felony Offense? () Yes () No							
Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE) VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.)								
(Volunteer's Signature)	(Da	(Date)						
STUDENT VOLUNTEER PARENTAL APPROVAL								
has my approval to work as a volunteer within the Department of Veterans Affairs and my permission to receive diagnoses or emergency medical treatment, if injured while volunteering.								
(Parent/Guardian Signature)	(Da	(Date)						
OFFICE USE ONLY								
1. Supervisor:	_ 2. Supervisor	Supervisor Telephone Number:						
3. Orientation(s):	4. Uniform: _							
Fingerprinting Required: () Yes () No	Name and Title of Interviewer:		Date:					

SIGN UP EARLY!

Volunteer Positions are a first come, first serve basis. Please return your application *NO LATER THAN May 15, 2009*

Volunteer E-mail:	
VOLUNTEER JOB OPP Please select your top 5 choices with 1 being you () Club GI Joe food sales () Root beer float sales () Mobile soda carts () Tearoom server () Food court cleanup () Souvenir sales () Raffle/auction ticket sales () Tour ticket sales () Veteran hospitality () Gate attendants () Event security () Grounds maintenance () Pre-event setup of grounds	
() Post-event teardown of grounds	
Able to lift: () Light () Medium () Hea	avy materials/objects.

Please select the time periods that you are available to volunteer:

	Wednesday	Thursday	Friday	Saturday	Sunday	Monday
	May 27	May 28	May 29	May 30	May 31	June 1
6:00 am – 8:00 am						
8:00 am – 12:00 pm						
12:00 pm – 4:00 pm						
4:00 pm – 8:00 pm						
8:00 pm – 12:00 am						

Please mail applications no later than May 15, 2009 to Reclaiming Our Heritage Attn: Volunteer Coordinator Box 117 Milwaukee, WI 53295